

State Form 49597 (R4 / 6-06) / CW 0100E

ICWIS ID number
Receiving state
Placement date, if known (month, day, year)

Name of child					
The child listed is Title IVE-FC eligible:	☐ Yes ☐ No	Last redetermina	ation date (month, day, year)		
The child listed is Title IVE-AAP eligible:		Effective date (n	nonth, day, year)		
	☐ Yes ☐ No				
The child listed above is SSI eligible:	☐ Yes ☐ No	Entitlement date	(month, day, year)		
The child listed above is RSDI eligible:	☐ Yes ☐ No	Entitlement date	(month, day, year)		
FINANCIAL PLAN (Complete either section	on 1 or section 2)				
Indiana will pay for foster care	support this child. In groster care payments from India In at the receiving state's current per In a caregiver TANF grant for the child In a caregiver parent(s), or	na. or diem rate. d in the receiving	state.		
a. Expected to support this child.b. Expected to apply for a TANFc. May be entitled to receive ado		ndiana for the chil	d.		
If the placement resource is ineligible to child's needs, the placement plan will be financial responsibility for the return of both states agree to dismiss wardship.	e revised. The Indiana local sendi	ng agency is ult	mately financially respon	sible for the child, and will assume	
3. The placement resource in the	r these programs.)	re or with a relati	ve. Indiana will issue a med		
I HEREBY VERIFY THAT THIS PLAN A	AND ALL AVAILABLE OPTIONS	HAVE BEEN TH	OROUGHLY DISCUSSED	WITH AND AGREED TO BY THE	
PROSPECTIVE CAREGIVER(S). Comments:					
Signature of the local Department of Child Service	ces (DCS) office director or designee			Date (month, day, year)	
Local DCS office			Telephone number	I.	